

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 3 OF 5

<input type="checkbox"/> 24b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 26b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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NAME OF COMMITTEE (in full)

KANSAS FOR LIFE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

 A. **JIM RYAN for Congress**

 Mailing Address
 PO Box 826

 City **Topeka** State **KS** Zip Code **66601**

Purpose of Disbursement

CAMPAIGN contribution

Candidate Name

Jim Ryan

 Category/
Type
O.L.I.

Date of Disbursement

 PAYMENT PERIOD: **10/1/21 - 12/1/2021**

Amount of Each Disbursement this Period

50 -

 Office Sought
 House
 Senate
 President

 Disbursement For:
 Primary
 General
 Other (specify) *

 State: **KS** District: **2nd**

Full Name (Last, First, Middle Initial)

 B. **Todd Tiahrt**

 Mailing Address
 2250 North Rock Road Suite 118A

 City **Wichita** State **KS** Zip Code **67226**

Purpose of Disbursement

CAMPAIGN contribution

Candidate Name

Todd Tiahrt

 Category/
Type
O.L.I.

Date of Disbursement

 PAYMENT PERIOD: **10/9/21 - 12/1/2021**

Amount of Each Disbursement this Period

50 -

 Office Sought
 House
 Senate
 President

 Disbursement For:
 Primary
 General
 Other (specify) *

 State: **KS** District: **4th**

Full Name (Last, First, Middle Initial)

 C. **Jim Talent for Senate**

 Mailing Address
 9433 Olive Blvd

 City **St Louis** State **MO** Zip Code **63132-**

Purpose of Disbursement

CAMPAIGN contribution

Candidate Name

Jim Talent

 Category/
Type
O.L.I.

Date of Disbursement

 PAYMENT PERIOD: **10/9/21 - 12/1/2021**

Amount of Each Disbursement this Period

50 -

 Office Sought
 House
 Senate
 President

 Disbursement For:
 Primary
 General
 Other (specify) *

 State: **MO** District:

 SUBTOTAL of Disbursements This Page (optional) **150 -**

 TOTAL This Period (last page this line number only) **150 -**